

# Work Order ID 91873

**\*91873\***

Page 1

October-19-12 12:59:33 PM

Item ID: D3975-1 Accept **\*N900040100\*** Setup Start **\*NS1\***  
 Revision ID: Stop **\*NS2\***  
 Item Name: Gas Cylinder  
 Start Date: 10/15/12 Start Qty: 4.00 **\*4\*** Cust Item ID:  
 Required Date: 11/02/12 Req'd Qty: 4.00 **\*4\*** Customer:  
 Reference:

Approvals: Process Plan: 10 Date: 12-10-12 Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start **\*NR1\***  
 QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop **\*NR2\***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
<b>Draw Nbr</b>	<b>Revision Nbr</b>								
D3975	B								
100	PURCHASING	0.00							
<b>*100*</b>									
Purchasing	Memo	0.00							
Purchasing	Issue P/O: <u>18197</u>								
	Possible Supplier: Clippard Instrument Laboratory								
	Part Number: Heavy Duty Brass Cylinder 7D1H								
	Material release note is required								
110	Receive & Inspect for Damage & Mat'l Certs	0.00							
<b>*110*</b>									
Packaging	Memo	0.00							
Packaging	Ensure material certification is attached								
120	QC6- Inspect dimensions to drawing	0.00							
<b>*120*</b>									
QC	Memo	0.00							
Quality Control									

12-10-22

12/14/13 (10)

(x10)

DAS 16 12/11/16

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>					
<b>Root Cause</b>	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											

FAULT CATEGORY				
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other

# Work Order ID 91873

**\*91873\***

Page 2

October-19-12 12:59:33 PM

Item ID: D3975-1 Accept **\*N900040100\*** Setup Start **\*NS1\***  
 Revision ID: Stop **\*NS2\***  
 Item Name: Gas Cylinder  
 Start Date: 10/15/12 Start Qty: 4.00 **\*4\*** Cust Item ID:  
 Required Date: 11/02/12 Req'd Qty: 4.00 **\*4\*** Customer:  
 Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start **\*NR1\***  
 QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop **\*NR2\***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
130		0.00							
<b>*130*</b>						10			SB 13/05/16
Small Fab	Memo	0.00							
Small Fab	Identify with vibrating stylus as per dwg D3975								
140	QC5- Inspect part completeness to step on W/O	0.00							
<b>*140*</b>						10			
QC	Memo	0.00							
Quality Control									
150	Packaging	0.00							
<b>*150*</b>						10X			SB 13-5-17
Packaging	Memo	0.00							
Packaging	Identify as per dwg and Stock Location: <u>GA</u>								

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>					
<b>Root Cause</b>	<b>Date</b>	<b>Step</b>	<b>Qty</b>	<b>Description of work order update or Non-conformance</b>	<b>Initial Chief Eng</b>	<b>Action Description</b>	<b>Sign &amp; Date</b>	<b>Verification</b>	<b>QC Inspector</b>		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											

FAULT CATEGORY										
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled  <input type="checkbox"/> Other	

**Work Order ID 91873**

October-19-12 12:59:33 PM

**\*91873\***

Page 3

Item ID: D3975-1

Accept

**\*N900040100\***Setup Start **\*NS1\***

Revision ID:

Stop **\*NS2\***

Item Name: Gas Cylinder

Start Date: 10/15/12 Start Qty: 4.00

**\*4\***

Cust Item ID:

Required Date: 11/02/12 Req'd Qty: 4.00

**\*4\***

Customer:

Reference:

Approvals:

Process Plan: \_\_\_\_\_

Date: \_\_\_\_\_

Tooling: \_\_\_\_\_

Date: \_\_\_\_\_

Run Start **\*NR1\***

QC: \_\_\_\_\_

Date: \_\_\_\_\_

SPC (Y/N): \_\_\_\_\_

Date: \_\_\_\_\_

Stop **\*NR2\***Sequence ID/  
Work Center IDOperation  
DescriptionSet Up/  
Run Hours

Tool ID

Tool #

Plan  
CodeAccept  
QtyReject  
QtyReject  
NumberInsp.  
Stamp

160

QC21- Final Inspection - Work Order Release

0.00

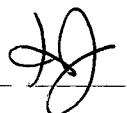
**\*160\***

QC

Memo

0.00

Quality Control

13/5/21 

MLJ 1305-17

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>					
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Doc/Data											
Equip/Tooling											
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Supplier											
Training											
Unapproved											

FAULT CATEGORY				
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# Picklist Print

October-19-12 12:59:32 PM

Page 1

Work Order ID: 91873

Parent Item: D3975-1

Parent Item Name: Gas Cylinder

Start Date: 10/15/12

Required Date: 11/02/12

Start Qty: 4.00

Required Qty: 4.00

Comments: IPP Rev:A 10.05.27 as per ECN10-548 DD verf:EC

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
7D-1-H Clippard Brass Cylinder		Purchased	No			110	Each	0.0000	1	4			

*Rec'd 10/13*  
*(10)*

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

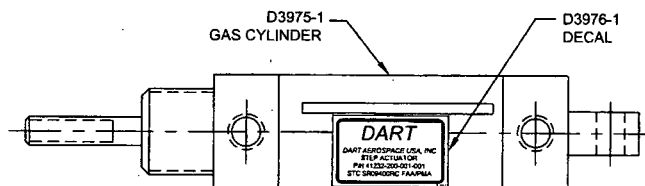
QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>					
<b>Root Cause</b>	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											

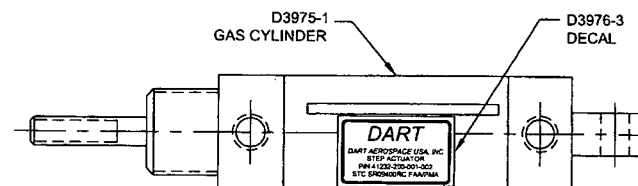
FAULT CATEGORY				
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled  <input type="checkbox"/> Other	



ITEM No.	QTY -041	QTY -042	PART NUMBER	DESCRIPTION
1	X		D3975-041	GAS CYLINDER ASSEMBLY (LH)
2		X	D3975-042	GAS CYLINDER ASSEMBLY (RH)
3	1	1	D3975-1	GAS CYLINDER
4	1		D3976-1	DECAL
5		1	D3976-3 <sup>△</sup>	DECAL



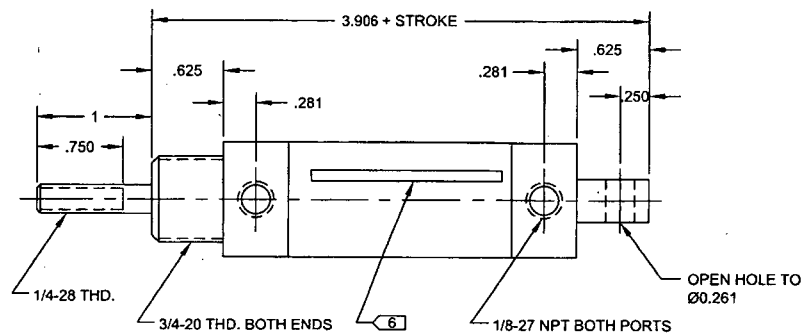
**D3975-041 GAS CYLINDER ASSEMBLY**



**D3975-042 GAS CYLINDER ASSEMBLY**

B	CORRECTED TYPO: D3976-3 WAS D3975-3 (ZN D7-1).	MB	10.04.13
A	NEW ISSUE	AJS	09.07.09
REV.	DESCRIPTION	BY	DATE
DESIGN	AJS	<b>DART AEROSPACE USA, INC</b> PORT HADLOCK, WA	
DRAWN	J		
CHECKED	q	DRAWING NO.	REV. B
MFG. APPR.	D	D3975	SHEET 1 OF 2
APPROVED	140	TITLE	SCALE
DE APPR.	#	GAS CYLINDER ASSEMBLY	NTS
DATE	10.04.13	COPYRIGHT © 2009 BY DART AEROSPACE USA, INC THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE USA, INC.	

**RELEASED**  
2010-05-20



**D3975-1 BRASS CYLINDER**

**NOTES:**

- 1) MATERIAL: CROSS REFERENCE Era DRAWING 41232-200-007  
PURCHASE P/N: HEAVY DUTY BRASS CYLINDER 7D1H  
VENDOR: CLIPPARD INSTRUMENT LABORATORY, INC, CINCINNATI, OH.
- 2) FINISH: N/A
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: N/A
- 6) IDENTIFICATION: IDENTIFY WITH Era P/N 41232-200-007-001 USING VIBRATING STYLUS
- 7) WEIGHT: 0.74 lbs APPROX
- 2) BORE: 0.875 INCHES
- 3) ROD: ROTATING.
- 4) 7D1H CONFIGURED WITH HYD. FLUID SEALS.
- 5) TEMPERATURE RANGE: 30° F TO 230° F.
- 6) MOUNT: UNIVERSAL MOUNT.
- 7) ACTION: DOUBLE ACTING.
- 8) STROKE: 1.000 INCH.
- 9) POWER FACTOR: 0.6 SQ. IN.
- 10) PORTS: 1/8 NPT.
- 11) ROD DIAMETER: 0.25 INCHES.
- 12) SINTERED BRONZE ROD BUSHING.
- 13) PRESSURE TEST: 2660 PSI (USE 5606 FLUID).

**RELEASED**  
2010-05-20

DESIGN	ALS	<b>DART AEROSPACE USA, INC</b>	
DRAWN	J	PORT HADLOCK, WA	
CHECKED	9	DRAWING NO.	REV. B
MFG. APPR.	18	D3975	SHEET 2 OF 2
APPROVED	18	TITLE	SCALE
DE APPR.	18	GAS CYLINDER ASSEMBLY	NTS
DATE	10.04.13	<small>COPYRIGHT © 2006 BY DART AEROSPACE USA, INC THIS DOCUMENT IS PRELIMINARY AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE USA, INC.</small>	



Dart Aerospace Ltd.  
1270 Aberdeen Street  
Hawkesbury, ON K6A 1K7  
Tel: 613 632 9577  
Fax: 613 632 1053

## PURCHASE ORDER

Purchase Order ID PO18197

Purchase Order Date 10/22/12

PO Print Date 10/22/12

Page Number 1 of 1

Order From :

VC-ROY003

ROYAL BANK VISA

X

X, X

Contact Name

Vendor Phone

Vendor Fax

Vendor Account Nbr

Buyer

Requisition Nbr

Tax Resale Nbr

Terms

Currency

FOB

Brigitte Golden

10127-2607

COD

CAD

Destination-Collect

Ship To :

DART AEROSPACE LTD

1270 ABERDEEN  
HAWKESBURY, ON K6A 1K7  
CANADA

**FAKED**  
10/22/12

Line Nbr	Reference Revision ID Vendor Part Number	Description/ Mfg ID	Req Date/ Taxable	Req Qty/ Unit of Measure	Ship Method	Unit Price	Extended Price
1	7D-1-H	Clippard Brass Cylinder	11/13/12 Yes	10.00 Each	FedEx PI collect	\$108.7000	\$1,087.00

Special Inst: AS PER DWG: D3975 REV:B  
B91873

PO Total:

\$1,087.00

CERTIFICATE OF CONFORMITY  
REQD UPON DELIVERY

PO Instructions:

CARD# 4516 05000 0053 0448 EXP: 05/14 CID# 327  
FEDEX ACCT# 1517 9324 0  
WAINBEE

No substitution or deviation without  
consent.

Certificate of Conformity or Material  
Certification required - YES NO

Change Nbr:

2

Change Date: 10/22/12



WAINBEE LIMITED  
215 BOUL BRUNSWICK  
POINTE CLAIRE, QC H9R 4R7  
Phone: 514-697-8810 Fax: 514-697-3070

## Packing List

CUSTOMER P/O NUMBER

PO18197

RELEASE # 15031125-1

DATE 11/12/12 15:02:52

127404

DART AEROSPACE LTD

1270 ABERDEEN ST

HAWKESBURY, ON K6A 1K7

613-632-3336

SHIP TO

DART AEROSPACE LTD

1270 ABERDEEN ST

HAWKESBURY, ON K6A 1K7

ORDER NUMBER 15031125	ORDER DATE 11/01/12	SHIP DATE 11/12/12	WRITTEN BY Hugues Roy	CONTACT CHANTAL LAVOIE(E)
CUSTOMER P/O NUMBER PO18197				
JOB #				
RELEASE #				
PRODUCT / DESCRIPTION	QUANTITY OPEN	U/M	QUANTITY SHIPPED	QUANTITY BACKORDERED

7D-1-H

9 EA

9

0

108.700



CLIPPARD BRASS CYLINDER

978.30

Wainbee's Standard Terms and Conditions Apply

Returned Goods Not Accepted Without Prior Authorization.

Claims For Shortages Or Losses Are Not Accepted 10 Days After Shipment.

PAGE

1 OF 1



WAINBEE LIMITED  
215 BOUL BRUNSWICK  
POINTE CLAIRE, QC H9R 4R7  
Phone: 514-697-8810 Fax: 514-697-3070

# Packing List

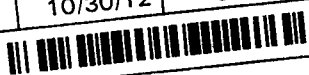

PO18197

RELEASE # 15030997-1

DATE 10/30/12 08:39:33

127404  
DART AEROSPACE LTD  
1270 ABERDEEN ST  
HAWKESBURY, ON K6A 1K7  
613-632-3336

SHIP TO  
DART AEROSPACE LTD  
1270 ABERDEEN ST  
HAWKESBURY, ON K6A 1K7

ORDER NUMBER 15030997		ORDER DATE 10/22/12	SHIP DATE 10/30/12	WRITTEN BY Hugues Roy		CONTACT CHANTAL LAVOIE(E)		
CUSTOMER P/O NUMBER PO18197								
JOB #								
RELEASE #								
PRODUCT / DESCRIPTION				QUANTITY OPEN	U/M	QUANTITY SHIPPED	QUANTITY BACKORDERED	PRICE / EXTENSION
7D-1-H  CLIPPARD BRASS CYLINDER				1	EA	1	0	108.700 108.70

Wainbee's Standard Terms and Conditions Apply.  
Returned Goods Not Accepted Without Prior Authorization.  
Claims For Shortages Or Losses Are Not Accepted 10 Days After Shipment.



## Invoice

WAINBEE LIMITEE  
215 BOUL BRUNSWICK  
POINTE CLAIRE, QUEBEC  
H9R 4R7  
Phone: 514-697-8810  
Fax: 514-697-3070

REMIT TO ADDRESS  
5789 Coopers Avenue  
Mississauga, Ontario  
L4Z 3S6

TPS/GST# R105569941  
TVQ#1012165214

INVOICE #	11259455
LOCATION	11
DATE	10/30/12
PAGE	1 OF 1

## BILL TO

127404  
DART AEROSPACE LTD  
1270 ABERDEEN ST  
HAWKESBURY, ON  
K6A 1K7

## SHIP TO D

DART AEROSPACE LTD  
1270 ABERDEEN ST  
HAWKESBURY, ON  
K6A 1K7

ORDER NUMBER 15030997	ORDER DATE 10/22/12	SHIP DATE 10/30/12	CUSTOMER P/O NUMBER PO18197	PAYMENT TERMS CREDIT CARD
FOB Our Warehouse	WRITTEN BY Hugues Roy	SHIP VIA FEDEX EXPRESS (1DAY)	WAYBILL# 899271926401	

PRODUCT / DESCRIPTION	QUANTITY OPEN	QUANTITY SHIPPED	QUANTITY BACKORDERED	LIST	DISC	EXTENSION
7D-1-H CLIPPARD BRASS CYLINDER	1	1	0	108.700	Net	108.70

PLEASE NOTE CURRENT PRICING

THANK YOU FOR YOUR ORDER

ORDERED BY: CHANTAL LAVOIE(E)

Sub Total	108.70
DEPOSIT APPLIED	122.83
ONTARIO SALES TAX/HST	14.13

INVOICE TOTAL	0.00
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10/22/12 VISA XXXXXXXXXXXXX0448 05/14 Auth Code: 026588 \$122.83

RETURNED GOODS NOT ACCEPTED WITHOUT PRIOR AUTHORIZATION.  
WAINBEE'S STANDARD TERMS AND CONDITIONS APPLY AND ARE AVAILABLE UPON REQUEST



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H9R 4R7  
Phone: 514-697-8810  
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TPS/GST# R105569941

## Acknowledgement

ORDER #	15031125
LOCATION	11
ORDER DATE	11/01/12
PAGE	1 OF 1

**BILL TO**

127404 D  
DART AEROSPACE LTD  
1270 ABERDEEN ST  
HAWKESBURY, ON K6A 1K7

**SHIP TO**

DART AEROSPACE LTD  
1270 ABERDEEN ST  
HAWKESBURY, ON K6A 1K7

CONTACT CHANTAL LAVOIE(E)		CUSTOMER P/O NUMBER PO18197		PAYMENT TERMS CREDIT CARD	
WRITTEN BY Hugues Roy		FREIGHT TERMS COLLECT		SHIP VIA FEDEX (2DAY)	
TAXABLE NO	TAX DESCRIPTION G.S.T. / T.P.S.		TAXABLE YES	TAX DESCRIPTION ONTARIO SALES TAX/HST	

PRODUCT / DESCRIPTION	QUANTITY OPEN	EXPECTED DATE	PRICE	U/M	EXTENSION
7D-1-H CLIPPARD BRASS CYLINDER	9	11/16/12	108.700	EA	978.30

THANK YOU FOR YOUR ORDER  
VISA XXXXXXXXXXXX0448 1105.48  
EXP 05/14  
AUTH NO 001857 AVS  
TRAN TYPE PRE-AUTHORIZATION

*8/2/11/12*

NAME: 1

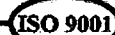
SIGNATURE X  
I AGREE TO PAY ABOVE TOTAL AMOUNT OF  
EACH CHARGE LISTED ACCORDING TO CARD  
ISSUER AGREEMENT  
(MERCHANT AGREEMENT IF CREDIT VOUCHER)

CANADIAN DOLLAR

MERCHANDISE TOTAL

978.30

We appreciate your order. It has been processed in accordance with Wainbee Terms and Conditions of sale.  
Please see [www.wainbee.com/condsaleswainbeeeng.pdf](http://www.wainbee.com/condsaleswainbeeeng.pdf) for details. Please do not hesitate to contact us for  
clarification or further information.



1-888-WAINBEE  
[www.wainbee.com](http://www.wainbee.com)